

**REPORT RELEASE REQUEST**  
**Flagstaff Police and Coconino County Sheriff**  
911 E. SAWMILL ROAD  
FLAGSTAFF, ARIZONA 86001

Date Requested: \_\_\_\_\_

Report Number: \_\_\_\_\_

NAME \_\_\_\_\_

( ) -  
DAYTIME PHONE

ADDRESS \_\_\_\_\_

CITY STATE ZIP

( ) -  
EVENING PHONE

(Check one) ☐ Flagstaff Police Report ☐ Coconino County Sheriff Report

Reason for Request: \_\_\_\_\_

TYPE OF OCCURRENCE: ☐ Crime ☐ Other (please specify): \_\_\_\_\_

Name of Driver, Property Owner, or Involved Person(s): \_\_\_\_\_

Date/Time of Occurrence: \_\_\_\_\_ Location of Occurrence: \_\_\_\_\_

☐ I would like my report mailed (or) ☐ I will pick up my report after next business day

**LAW ENFORCEMENT USE ONLY BELOW THIS LINE**

**REQUESTS REQUIRING NO SUPERVISOR APPROVAL**

<input type="checkbox"/> FPD Officer	<input type="checkbox"/> Metro	<input type="checkbox"/> City Court	<input type="checkbox"/> Other Law
<input type="checkbox"/> CCSO Deputy	<input type="checkbox"/> Liquor Control	<input type="checkbox"/> City Attorney	Enforcement
<input type="checkbox"/> FPD Detectives	<input type="checkbox"/> Parking Control	<input type="checkbox"/> County Attorney	Agency (name)
<input type="checkbox"/> CCSO Detectives	<input type="checkbox"/> ACO	<input type="checkbox"/> Pretrial Services	_____
<input type="checkbox"/> FPD Admin	<input type="checkbox"/> Adult Probation	<input type="checkbox"/> Subpoena	_____
<input type="checkbox"/> CCSO Admin	<input type="checkbox"/> Juv. Probation	<input type="checkbox"/> CPS	_____

Check One or More Boxes Below:

☐ Victim and/or Witness Information Redacted ☐ Suspect Information Redacted  
☐ Original Report Only ☐ Detective Supp(s) Only ☐ Entire Report

Processed by: \_\_\_\_\_ Date Mailed/Released: \_\_\_\_\_

**REQUESTS REQUIRING SUPERVISOR APPROVAL:**

REQUEST GRANTED: ☐ YES ☐ NO *Authorized Signature:* \_\_\_\_\_